



STATE OF ARIZONA  
NATUROPATHIC PHYSICIANS MEDICAL BOARD

1400 W. Washington Ste. 300 Phoenix, AZ 85007

Governor Janice K. Brewer

Phone: 602-542-8242 Fax 602-542-8804 [www.aznd.gov](http://www.aznd.gov) Info@aznd.gov

**APPLICATION FOR MEDICAL ASSISTANT CERTIFICATE**

**APPLICATION FEE \$100.00 Money Order payable to the AZND Board is the only form of payment accepted. Check the laws and rules section of our website under 32-1559, regarding the naturopathic medical assistant.**

**Certificates renew each year on or before July 1<sup>st</sup>.**

I, \_\_\_\_\_, make application to the State of Arizona Naturopathic Physicians Medical Board for a Certificate as a Naturopathic Medical Assistant. As a certified Naturopathic Medical Assistant I will be authorized to assist under direct supervision, Per A.R.S. 32-1501 (a), a doctor of naturopathic medicine in only the procedures outlined in R4-18-605, but not the diagnosis of patients in the practice of naturopathic medicine in accordance with Arizona Revised Statutes, Title 32, Chapter 14, 32-1501, et., seq., and Arizona Administrative Code, Title 4, Chapter 18, R4-18-101, et seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency, school, accrediting agency or board in the United States or another country; and that I shall make an oath as the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards. THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. INCOMPLETE OR UNREADABLE APPLICATIONS ARE DENIED BY THE BOARD. Alternative format of Submitting This Application An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known.

**Please Print:**

Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: F ☐ M ☐ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Citizen Status Declaration:** Are you a United States Citizen? Yes ☐ No ☐ Attach a legible copy of the front and the back (if any) of a document from the attached **List A** that demonstrates U.S. citizenship.

Name of document provided \_\_\_\_\_

**If you answered NO to this question complete the question below**

**Alien Status Declaration:** Are you a legal resident authorized to work in the United States? Yes ☐ No ☐

Attach a legible copy of the front and the back (if any) of a document from the attached **List B** that evidences your status A.R.S. §1-501.

Name of document provided \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street City State Zip

Home/ Cell Phone Number: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISING PHYSICIAN**

Name of Naturopathic Supervising Physician: \_\_\_\_\_

Medical Assistant will be employed at the following location

Street address Ste. City State Zip

Phone Email

I will be the supervising physician for the Naturopathic Medical Assistant applicant. I have read and understand the following: Title 4. Chapter 18, Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.

Signature of Supervising Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant: You must provide a copy of a certificate of completion or diploma from an approved medical assistant program.**

Name of School Where Medical Assistant Training was completed: \_\_\_\_\_  
Medical Assistant training must be in compliance as outlined in R4-18-601 1, (a). i., ii. iii. (b).

Address: \_\_\_\_\_  
Street City State Zip

**List all licenses and certificates issued or denied, by any licensing agency. Continue on separate sheet if necessary.**

1. Check all that apply: ☐ License ☐ Certificate ☐ Issued ☐ Denied

Name of licensing agency or board \_\_\_\_\_

Address \_\_\_\_\_  
Street Ste. City State Zip

***You are required to answer all of the following questions***

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? ..... [ ☐ Yes [ ☐ No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [ ☐ Yes [ ☐ No
3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? ..... [ ☐ Yes [ ☐ No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? ..... [ ☐ Yes [ ☐ No
5. Do you have a complaint pending before any agency? ..... [ ☐ Yes [ ☐ No
6. Have you ever been found guilty of being medically incompetent? ..... [ ☐ Yes [ ☐ No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? ..... [ ☐ Yes [ ☐ No
8. Do you have any medical condition that in any way impairs or limits your ability to function as a Naturopathic Medical Assistant? ..... [ ☐ Yes [ ☐ No

**An applicant is required to submit a written supplement to this application if the answer is *YES* to any of the above questions. The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 and 2.**

[ ☐ Yes [ ☐ No I submitted a written supplement to this application for the above questions.

*The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation will include all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.*

**\_\_\_\_\_ I have read and understand Title 4. Chapter 18 Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.**

**I, \_\_\_\_\_ being first duly sworn upon his or her oath deposes and says all of the following:** I am the person named in this application. I have read and understand the contents of this

application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Medical Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Medical Board to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of me in regards to this application.

**Signature of Applicant:** \_\_\_\_\_

**Subscribed And Sworn To Before A Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**Notary Public Signature** \_\_\_\_\_ **My Notary Commission Expires** \_\_\_\_\_

**Attach the Following to this Document:**

- ☐ Money Order **payable to AZND Board** in the amount of **\$100.00**
- ☐ Money Order **payable to DPS** in the amount of **\$22.00**
- ☐ A photocopy (8 ½ X 11 or smaller) of **Certificate or Diploma from an *approved* Medical Assistant School**
- ☐ Completed and legible fingerprint card:
- ☐ One passport-size photograph taken *within the last 60 days, signature on back.*
- ☐ List of all other licenses or certificates issued or denied by another agency, if applicable.
- ☐ Written supplementation regarding any answer you marked yes to on questions 1-8 on page two of this application, if applicable.
- ☐ Citizenship/Alien Status Documentation (**A.R.S.§1-501**) All applicants must submit documentation regarding their citizenship/alien status with their application. – See attached list **A Complete list available on the website.**

**LIST A Evidence showing U.S. citizen or U.S. national status includes the following:**

- (1) A **birth certificate** showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) **United States passport;**
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350);